

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Kiki Lawson
 Lowndes County Detention Facility
 P.O. Box 157
 Hayneville, AL 36040

2. Article Number
for from sel

7006 2760 0002 8193 2290

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

File # 02/07/2007

A. Signature

X Rufus Harlan

File # 02/07/2007

Page 1 of 6

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Lenny Lee
 Lowndes County Detention Facility
 P.O. Box 157
 Hayneville, AL 36040

A. Signature

X *Rufus Harlan*

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
2/16/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

*07-90
 C.O.D. of spec. (40)*

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

7006 2760 0002 8193 2306

(Transfer from serv.)

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

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1. Article Addressed to:

Lowndes Co. Sheriff's Department
 Lowndes County Detention Facility
 P.O. Box 157
 Hayneville, AL 36040

A. Signature

Rufus Haralson
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-16-07

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

207CV 90
 C & O R/P pos
 40

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes2. Article Number
(Transfer from sen)

7006 2760 0002 8193 2252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

Jeanette Cottrell

Lowndes County Detention Facility

P.O. Box 157

Hayneville, AL 36040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rufus Nealever

Agent
 Addressee

B. Received by (Printed Name)

C Date of Delivery
*2-10-07*D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*207CV80**CFO of proc.**(40)*

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

7006 2760 0002 8193 2276

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

Lairue Gresham
 Lowndes County Detention Facility
 P.O. Box 157
 Hayneville, AL 36040

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 2283

February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature		<input checked="" type="checkbox"/> Agent
X Rufus Haralson		<input type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
		5-6-07
D. Is delivery address different from item 1? If YES, enter delivery address below:		
207C U 90 C F O of gov. 40		
3. Service Type		
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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1. Article Addressed to:

Willie Vaughner

Lowndes County Detention Facility
 P.O. Box 157
 Hayneville, AL 36040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rufus Harless Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery
2-6-07

D. Is delivery address different from item 1?

If YES, enter delivery address below:

*207CU90
Co & of pror 40*

2. Article Number

7006 2760 0002 8193 2269

(Transfer from service card)

nc Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes